

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 14, 2005

ALL COUNTY LETTER NO. 05-28

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP COORDINATORS

SUBJECT: NEW NOTICE OF ACTION, NA 1240 - FOOD STAMP OVERISSUANCE
AND DORMANT ELECTRONIC BENEFIT TRANSFER (EBT) ACCOUNT

REFERENCE: ALL COUNTY LETTER NO. 03-58

The purpose of this All County Letter is to transmit a new Notice of Action, NA 1240 (see enclosure). The NA 1240 is to be used when applying dormant food stamp benefits from a household's electronic benefit transfer (EBT) account to an outstanding overissuance claim. (Food stamp benefits become dormant when a household has not accessed their benefits in the EBT account for ninety days.)

California Department of Social Services (CDSS) Manual of Policies and Procedures Section 16-750.12 states that County Welfare Departments (CWD) may collect for an overissuance from the food stamp EBT account by providing the household written notification that it intends to apply the dormant benefits to the household's outstanding overissuance claim. The regulation also requires the notice to include language that the household has ten days to notify the CWD if it does not want the CWD to use these benefits to pay the claim. Therefore, the CWD is required to provide the NA 1240 to households when the CWD intends to apply dormant food stamp benefits to an overissuance claim.

Camera Ready Copies and Translations

If your office has internet access, you may obtain copies of the English form from the CDSS web page at:

http://www.dss.cahwnet.gov/cdssweb/On-lineFor_271.htm. For questions on English forms, please call Forms Management Unit at (916) 657-1907.

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

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For copies of forms in other languages, including Spanish, you may go to the CDSS web page at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

Translated materials are posted on a flow basis as soon as they are completed. For questions on translated materials, please contact CDSS Language Services at (916) 445-6778.

If you have any questions regarding this letter, please contact Stan Cagle, EBT Unit Manager at (916) 654-1874 or Nancy Yee, EBT Unit Analyst at (916) 654-1065.

Sincerely,

CHARR LEE METSKER
Deputy Director
Welfare to Work Division

Enclosure

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Food Stamp Overissuance and Dormant EBT Account

(ADDRESSEE)

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Notice Date : _____
Case
Name : _____
Number : _____
Worker
Name : _____
Number : _____
Telephone: _____
Address : _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

ACCOUNT OVERISSUANCE

Our records show you have an outstanding overissuance of food stamp benefits in the amount of \$ _____ .

Our records also show that you have not used your food stamp electronic benefit transfer (EBT) account for over 90 days.

BECAUSE YOU HAVE NOT USED YOUR EBT ACCOUNT FOR 90 DAYS, FOOD STAMP BENEFITS FROM YOUR EBT ACCOUNT WILL BE USED TO REPAY YOUR FOOD STAMP OVERISSUANCE UNLESS YOU CONTACT US WITHIN 10 DAYS AFTER THE DATE THIS NOTICE WAS MAILED TO YOU.

YOU MUST:

Contact the county within 10 days after the date this notice was mailed to you if you do not want your food stamp benefits to be applied to your overissuance. Your food stamp benefits will be used to repay your overissuance if the county does not hear from you.

Rules: These rules apply; you may review them at your welfare office: MPP 16-120.12 and 16-750.12.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE